

EXPRESS MAIL LABEL NO. EV343427267US

PATENT

**DECLARATION AND POWER OF ATTORNEY FOR
PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SYSTEM AND METHOD FOR TRACKING ANNOTATIONS OF DATA SOURCES

the specification of which: (check one)

XXX is attached hereto.

_____ was filed on _____
under Attorney's Docket Number _____
as Application Serial No. _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 CFR 1.56.

I hereby claim the benefit of foreign priority under 35 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application the priority of which is claimed:

Prior Foreign Application(s):

Priority Claimed

_____ Yes X No
(Number) (Country) (Filing Date)

I hereby claim the benefit of United States priority under 35 USC 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in a listed prior United States application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose information material to the patentability of this application as defined in 37 CFR 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (Application Serial #) (Filing Date) (Status)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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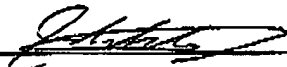
PATENT

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Lynn L. Augspurger	Reg. No. 24,227	Martin Fleit	Reg. No. 16,900
John E. Campbell	Reg. No. 52,687	Robert C. Kain	Reg. No. 30,648
Floyd A. Gonzalez	Reg. No. 26,732	Jon A. Gibbons	Reg. No. 37,333
Christopher A. Hughes	Reg. No. 26,914	Jose Gutman	Reg. No. 35,171
John E. Hoel	Reg. No. 26,279	Stephen Bongini	Reg. No. 40,917
Lawrence D. Cutter	Reg. No. 28,501	Jeffrey Giunta	Reg. No. 42,583
William A. Kinnaman, Jr.	Reg. No. 27,650	Mark Terry	Reg. No. 47,133
Susan M. Murray	Reg. No. 38,252	Paul Bianco	Reg. No. 43,500
William B. Porter	Reg. No. 33,135		
Andrew J. Wojnicki, Jr.	Reg. No. 43,995		
Joseph C. Redmond, Jr.	Reg. No. 18,753		

Direct all telephone calls to Stephen Bongini (561) 989-9811 and all correspondence to Customer Number 23334.

FULL NAME OF INVENTOR: Jordi ALBORNOZ


INVENTOR'S SIGNATURE:  DATE: 1-15-2004

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CITIZENSHIP: United States

POST OFFICE ADDRESS: Same as above

FULL NAME OF INVENTOR: Lea FEIGENBAUM

INVENTOR'S SIGNATURE:  DATE: 1-15-2004

RESIDENCE: 17 Aspinwall Ave., #1, Brookline, MA 02446

CITIZENSHIP: United States

POST OFFICE ADDRESS: Same as above

FULL NAME OF INVENTOR: Kyle Lane HENDERSON

INVENTOR'S SIGNATURE: _____ DATE: _____

RESIDENCE: 61495 234TH Avenue, Mantorville, MN 55956

CITIZENSHIP: United States

Docket No. POU920030175US1

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** TOTAL PAGE.04 **

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FULL NAME OF INVENTOR: Jordi ALBORNOZ

INVENTOR'S SIGNATURE: _____ DATE: _____

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